

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

09/428614

		Liiootivi	- Decemb	Ci 20, 1000			1	179	19	C36	19
			FILED - olumn 1)	LED - PART I nn 1) (Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY	
FC	PR .	NUMBE	R FILED	NUMBER	EXTRA	RA	ΓE	FEE	1	RATE	FEE
ВА	SIC FEE						i ji Tali	345.00	OR		690.00
то	TAL CLAIMS	18	minus 2	20= *	-	X\$			OR	X\$18=	
IND	EPENDENT CL	AIMS 3	3 minus 3 = *			X39	9=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT						+13	0=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2						TOT		245	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					SMA	SMALL ENTITY OF			OTHER THAN		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	ſΕ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$:	9=		OR	X\$18=	
	Independent	*	Minus	***	=	X39)=		OR	X78=	
	FIRST PRESE	NIATION OF MU	JLTIPLE DEF	PENDENT CLAIM		+13	0=		or	+260=	
							TAL			TOTAL	
		(Column 1)		(Column 2)	(Column 3)	ADDIT.	FEE]	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	= .	X\$ 9	9=		OR	X\$18=	
AME	Independent	*	Minus	***	=	X39)=		OR	X78=	
_	FIRST PRESE	NTATION OF MI	ULTIPLE DEF	PENDENT CLAIM		+130)= 		OR	+260=	
•					TC	TAL			TOTAL		
		(Column 1)		(Column 2)	(Column 3)	ADDIT.	FEEI		JO, 1	ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMEN'T		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$ 9)= .		OR	X\$18≃	
	Independent	*	Minus	***	=	X39				X78=	<u> </u>
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDENT CLAIM			_		OR	A/0=	
	If the entry in colum	mn 1 ie laes than t	ha antry in acti	mn 2 write "0" in as	alumn 3	+130			OR	+260=	
	If the "Highest Nur	mber Previously Pa	aid For" IN THI	mn 2, write "0" in co S SPACE is less tha S SPACE is less tha	an 20, enter "20."	ADDIT.	FEE		OR	TOTAL ADDIT. FEE	
Ī				Independent) is the		found in th	e app	oropriate box	c in col	umn 1.	

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	09	488614
	,	

- Total Fee Calculation								
	Fee Code	Total . # Claims	Number Extra	х		Fee =	Total	
•	Sm/lg.				Sm. Entity	Lg. Entity	1021	
Bwic Filing Fee	201/101				345		345	
Total Claims >20	203/103	-20=		χ			345	
Independent Claims >3	_ <u>202/102</u>);				
Mult Dep Claim Present	304\J04		,			⁼		
Sweharge .	205/105							
English Translation	_ 139						65	
TOTAL FEE CALCULA	אסוד.		·		·		410'	
Fees due upon filing ti	ec.application:					••		
Total Filing Fees Due	= 2	410.	OO					
Less Filing Fees Subm	2 - besti							
BALANCE DUE	= 2	410	00					
Office of Invial Plant	Q Que					in the second se	·	

FORM ODE-RAM-01 (Rev. 12/97)